



Child/ren's Name	D.O.B.	Medical Conditions Special needs	PCYC number (on back of card)	  Voucher Number	Redeemed
1.					
2.					
3.					
4.					

RESPONSIBLE PERSON FULL NAME: _____ D.O.B: _____

EMAIL: _____ PHONE NUMBER: _____

PLEASE PLACE YOUR CHILDS NUMBER FROM ABOVE (1, 2, 3 or 4) IN THE BOX FOR THE CLASSES YOU WOULD LIKE TO ENROL THEM IN.
Please double check day and time selected as PCYC Parramatta will not take responsibility for errors made on the booking form.

SELECT	Price	Time	ACTIVITY	LEVEL	SELECTED CLASS	
<input type="checkbox"/>	\$180 12 Week term x1 class per week	MONDAY				
		5PM	Taekwondo	BEGINNER		
		6PM	Taekwondo (1.5hr)	ADVANCED		
		TUESDAY				
		5PM	Taekwondo	BEGINNER		
		6PM	Taekwondo (1.5hr)	ADVANCED / SPARRING		
<input type="checkbox"/>	\$360 12 Week term x3 class per week	WEDNESDAY				
		5PM	Taekwondo	BEGINNER		
		6PM	Taekwondo (1.5hr)	ADVANCED		

*Please note there is an additional one-off fee that will need to be paid directly to the master before commencing. Discuss directly with master, not PCYC Staff.

CLASS	BELT LEVEL	GRADING
Beginners	White	Grading is completed at the end of each term on a Saturday. Please ensure you attend this grading session.
	Single Yellow	
	Double Yellow	
	Yellow	
Advanced	Single Yellow → Brown	

Enrolment cannot be processed without a valid PCYC membership.

Annual Membership: Junior \$10

Visit our website to create a membership: <https://www.pcyctsw.org.au/parramatta>



\$300 FREE



Claim your FREE \$100 Active Kid (x2) and \$100 creative kid voucher when enrolling into our programs.

Visit <https://www.service.nsw.gov.au/> to claim your vouchers.



Terms and Conditions

I understand there is an annual **\$10 PCYC membership fee** for my child to participate in the PCYC programs.

I accept full responsibility for my child/ren's behaviour during the program and understand in the event of misbehaviour mychild/ren may be excluded from the class.

I have made PCYC Parramatta aware of any pre-existing medical conditions my child/ren may have. PCYC Parramatta is authorised to obtain medical assistance in the event of any unforeseen accident or illness and I agree to meet any expenses attached hereto.

I, the undersigned, agree that neither the PCYC nor its partners are liable for any losses, damage and/or injury occurred and/or sustained by my child/ren in attending the gymnastics program.

I agree to the Indemnity statement, I, the parents/guardian have read and agree to the essential information which is available in the club or on the PCYC Parramatta website and agree to the terms and conditions outlined above

I _____ declare that I understand and agree to the indemnity statement, acknowledgements and terms and conditions of the PCYC Parramatta sports program.

_____ **Sign**

_____ **Date**

_____ **Team member**

Office Use only:					
Total paid:	Date:	Receipt #:	Staff:		
Payment method:	CASH	CARD	FAMILY CREDIT	AKR	CKR

IF YOU ARE EMAILING THIS ENROLMENT FORM, PLEASE ENSURE YOU HAVE PROVIDED PAYMENT DETAILS. ENROLMENT IS NOT COFIRMED UNTIL PAYMENT IS MADE.

parramatta@pcycnsw.org.au

PAYMENT DETAILS (required if booking via email) - VISA / MASTERCARD		
Total: \$	Name on Card:	Expiry:
	Card #:	CVC#:
	Signature:	

PROGRAM PAYMENT ONLY. CREDIT CARD DETAILS ARE DETROYED IMMEDIATELY AFTER USE